

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 623296	RECEIPT DATE:	09 / 01 / 00
IA NUMBER:	PCT/ DE99 / 00462	IA FILING DATE:	02 / 19 / 99
FAMILY NAME:	SCHNEIDER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	PETER	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 05 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P00 0634	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: SCHIFF HARDIN WAITE

STREET: 6600 SEARS TOWER
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CITY: CHICAGO

STATE/COUNTRY: USX ZIP: 606066473

EMAIL:

APPLICATION TITLES:

APPARATUS FOR IMMEDIATELY OUTPUTTING THE RESPONSE OF A SYNCHRONOUS SYSTEM TO AN ASYNCHRONOUS EVENT

TAB TO LAST POSITION, PUSH SEND



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Bib Data Sheet

SERIAL NUMBER 09/623,296	FILING DATE 09/01/2000 RULE -	CLASS 375 370	GROUP ART UNIT 2031 2665	ATTORNEY DOCKET NO. P00,0634
APPLICANTS Peter Schneider, Muenchen, GERMANY; Thomas Steinecke, Hofsingelding, GERMANY;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/DE99/00462 02/19/1999				
** FOREIGN APPLICATIONS ***** GERMANY 198 094 39.6 03/05/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/19/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials <i>[Initials]</i>		STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 7
			INDEPENDENT CLAIMS 1	
ADDRESS Schiff Hardin & Waite 6600 Sears Tower 233 South Wacker Drive Chicago, IL 60606-6473				
TITLE Device for emitting the response of a synchronous system to an asynchronous event				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	